



RECORDS RETENTION AND DISPOSITION SCHEDULE

Family And Social Services Administration. Medicaid Policy And Planning.

Agency: Medicaid Policy And Planning		Division:	
ITEM NO.	RECORD SERIES	TITLE/DESCRIPTION (This Retention Schedule is approved on a space-available basis)	RETENTION PERIOD
1	2006-01	MEDICAID AUDIT REPORTS USED IN LITIGATION Medicaid audit performed by an outside independent audit agency that needs to be retained for an extended period due to litigation. Retention based on 42 CFR 433.32, and consistent with changes to Record Series 90-142 (Litigation Files).	TRANSFER to the RECORDS CENTER one (1) year after the date of the final decision or settlement, and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges. TRANSFER to the INDIANA ARCHIVES for EVALUATION, SAMPLING or WEEDING pursuant to archival principles after an additional four (4) years in the RECORDS CENTER.
2	87-507	SURVEILLANCE UTILIZATION REVIEW (SUR) The Medicaid Fraud Control Unit is required to refer suspected Medicaid fraud cases to prosecuting attorneys and make available to them all information in its possession regarding the suspected fraud. The file may contain a Time Summary Sheet, Report of Investigation memos, Billing Adjustment, Medicaid Contractor medical-financial data, a Claims Inquiry and other supporting documents. The Division Director may close the investigation file by deciding this is not a matter for criminal prosecution; otherwise the file is closed after all court proceedings, county or federal, are completed. Retention consistent with IC 34-13-1-1. Disclosure of these records may be affected by IC 12-15-27-1.	TRANSFER to the RECORDS CENTER six (6) years after closure of the file and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges. DESTROY after an additional four (4) years in the RECORDS CENTER.
3	89-68	MEDICAID CHECKS File consists of cancelled checks issued by fiscal contractors for payment of medical claims. Retention partially based on IC 34-13-1-1. Disclosure of these records may be affected by IC 12-15-27-1.	TRANSFER to the RECORDS CENTER at the end of the state fiscal year and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges. DESTROY in the RECORDS CENTER after an additional ten (10) years.
4	2002-19	INDIANA PRESCRIPTION DRUG PROGRAM Established pursuant to IC 12-10-16-3 and paid from the account established under IC 4-12-8-1, this program may also be referred to as the "HoosierRx Program." A typical file may contain the application for enrollment and personal financial information used to determine or appeal eligibility for the program. Applications are arranged alphabetically by last name, first name, middle initial. Basic Accounting Records for the program are maintained in the Financial Management Division of the Family and Social Services Administration. Disclosure of these records may be affected by IC 5-14-3-4(a)(1).	TRANSFER to the RECORDS CENTER one (1) year after completion of action on the application and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges. DESTROY after an additional four (4) years in the RECORDS CENTER.
5	2005-30	PRIOR AUTHORIZATION REQUESTS FOR MEDICAID - GENERAL FILES Prior Authorization Requests which can include supporting medical record documentation. These files are requests for services including home health, oxygen, hospital beds, wheelchairs, certain surgeries, and other services which require prior authorization. Retention based on 45 CFR 75.361.	DESTROY three (3) years after date of last decision.
6	2005-31	PRIOR AUTHORIZATION REQUESTS FOR MEDICAID - APPEALS & LEGAL FILES Prior Authorization Requests and medical documentation that pertains to an appeal or a request that has been sent to an Administrative Law Judge. Retention based on 45 CFR 75.361.	DESTROY five (5) years after date of last decision, or resolution of all legal issues, whichever is later.

7	81-1164	<p>ACTIVE FILES ON PERSONS RECEIVING IN-PATIENT PSYCH CARE AND ON PERSONS RESIDING IN INTER</p> <p>Files contain case records primarily but not limited to aged, blind and disabled persons applying for or receiving federally and state funded Medical Assistance (MA). Those files are used to determine eligibility for reimbursement while the individual is receiving in-patient psychiatric care in a state operated facility licensed under current federal guidelines.</p> <p>Program records are required by 42 CFR 433.32(a). Disclosure of these records may be affected by IC 12-15-27-1. Retention based on 42 CFR 433.32.</p>	RETAIN records on denials only. DESTROY three (3) years after submitted unless litigation or audit is in progress.
8	83-14	<p>STATE PLAN MATERIAL - MEDICAID</p> <p>Record consists of amendments to and superseded pages of the Medicaid State Plan, which sets out how the Indiana Medicaid program is operated, who is served, and the types of services provided. The State-s claim of Federal medical assistance matching funds is based on these records.</p>	RETAIN records permanently in agency, in case of audit and for office use. Do Not Destroy.
9	83-33	<p>MEDICAID BIDS</p> <p>Record contains Requests for Proposals (RFP) and proposals that are submitted to this Division by companies desiring to obtain the contracts for the Medicaid program. Contracts are renewed once every three (3) years. Retention based on IC 34-13-1-1.</p>	TRANSFER to the RECORDS CENTER one (1) year after the end of the expiration of the contract and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges. DESTROY after an additional nine (9) years in the RECORDS CENTER.
10	83-42	<p>MEDICAID AUDIT REPORTS</p> <p>File consists of the Medicaid audit performed by an outside independent audit agency.</p> <p>Retention based on 42 CFR 433.32.</p>	TRANSFER to the RECORDS CENTER after one (1) year and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges. DESTROY after an additional two (2) years in the RECORDS CENTER. IF RECORDS BECOME INVOLVED IN LITIGATION before the three (3) year retention period has expired, TRANSFER to MEDICAID AUDIT REPORTS USED IN LITIGATION (R.S. 2006-01).
11	83-43	<p>COMMON AUDIT REPORT</p> <p>The Medicaid audit performed by the current fiscal agent.</p> <p>Retention based on 42 CFR 433.32.</p>	TRANSFER to the RECORDS CENTER after one (1) year and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges. DESTROY after an additional two (2) years in the RECORDS CENTER.
12	83-767	<p>PAID MEDICAID CLAIMS</p> <p>A claim is submitted by a Medicaid provider, such as a physician, dentist, optometrist, nursing home or hospital requesting payment for services rendered. Claims are paid by the Office of Medicaid Policy and Planning-s contracted Health Insuring Organization (HIO).</p> <p>Retention based on IC 34-13-1-1.</p>	IMAGE claims upon receipt. DESTROY hard copy ninety (90) days after imaging and after verification of imaged files for completeness and legibility. DELETE electronic files after ten (10) years and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges.

13	84-286	<p>MEDICAL ASSISTANCE (MA) DISABILITY FILES</p> <p>These primary files consist of computer and hard copy data on cases for which an application based upon disability has been made: disabled persons applying for or receiving federally and state funded Medical Assistance (MA) and case records of disabled persons who applied for or received (MA) but whose application was denied or whose assistance was discontinued for reasons other than death. This information is used to determine whether the person meets the disability definition. The computer format includes key elements of disability review data such as case/client identification, application type, diagnoses and disability determination. Secondary files include copies of all documentation of disability based upon current federal and state guidelines as specified in the -Medical Assistance Eligibility Manual for State Assistance Programs- (includes but is not limited to medical evidence). Medicaid disability applications received by the Medicaid Medical Review Team are copies of original records maintained by the originating County Office of the Division of Family Resources.</p> <p>Partially public record in accordance with IC 12-15-27-4. Retention partially based on 42 CFR 433.32.</p>	<p>DELETE from system after three (3) years. Hard copy files retained on denial cases. DESTROY after six (6) months unless litigation or audit in progress.</p>
14	85-433	<p>MEDICAID REPORTS, EVALUATIONS AND APPEALS</p> <p>File includes medical audits, appeals and nursing home appraisals. 42 CFR 456.600; requires review teams to visit all Medicaid certified Intermediate Care Facilities for the Mentally Retarded and psychiatric facilities to evaluate the care given to patients. Inspection of care teams review all Intermediate Care Facilities for the Mentally Retarded semi-annually and psychiatric facilities annually. Payment review/Preadmission Screening and Annual Resident Review (PASARR) teams review all nursing facilities on an annual basis, pursuant to the Budget Reconciliation Act of 1987, P.L. 100-203, and PASARR requirements under 42 CFR 483.10. A review form is then completed by the team on each individual reviewed regarding care the resident receives. If patient care is discontinued or changed, the decision may be appealed to the Hearing and Appeals Section of the Family and Social Services Administration.</p> <p>Retention consistent with 405 IAC 1-5-1.</p>	<p>TRANSFER to the RECORDS CENTER one (1) year after closure. DESTROY after an additional two (2) years in the RECORDS CENTER.</p>
15	87-197	<p>CPAS (CLAIMS PROCESSING ASSESSMENT SYSTEM) REVIEWS</p> <p>As the state agency for the Medicaid program, the Division of Family Resources may review claims processed by the Health Insuring Organization. Any errors in payment or processing must be identified and corrective recommendations made. Documentation is assembled and a report prepared for each claim reviewed. Retention based on 42 CFR 431.800, and 42 CFR 433.32.</p>	<p>DESTROY three (3) years after the date of submission of the final report, unless litigation or a federal audit is in progress, and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges.</p>
16	87-508	<p>THIRD PARTY LIABILITY (T.P.L.)</p> <p>The insurer must pay the state Medicaid agency (Office of Medicaid Policy and Planning) for medical bills incurred by a Medicaid recipient. These could be health or casualty payments for Medicaid expenditures or actual payment of provider claims which is cost avoidance. The Office of Medicaid Policy has performed function and Planning, which now monitors the Medicaid contractor-s records. A case is closed when all outstanding claims have been paid or if no third party resources are available. A file could typically contain a Chronological Record, fiscal data, memos, copies of checks, Release of Lien for Medical Assistance, and Medicaid Pay History Analysis.</p> <p>Retention based on IC 34-13-1-1 and IC 34-13-1-2.</p>	<p>TRANSFER to the RECORDS CENTER one (1) year after closure of the case and after receipt of STATE BOARD OF ACCOUNT Audit Report and satisfaction of unsettled charges. DESTROY after an additional nine (9) years in the RECORDS CENTER.</p>

17	90-73	NURSING HOME FILES File contains the Provider Agreement and supporting certification documentation for Intermediate Care Facilities, Skilled Nursing Facilities, Community Residential Facilities for the Developmentally Disabled, and Intermediate Care Facilities for the Mentally Retarded and related correspondence. Retention based on IC 34-13-1-1 and IC 34-13-1-2.	TRANSFER to the RECORDS CENTER after three (3) years. DESTROY after an additional seven (7) years in the RECORDS CENTER. TOTAL RETENTION: Ten (10) years.
18	90-74	HOME HEALTH AGENCY FILES Contains notifications of rate changes sent by the Office or the rate setting contractor to the provider.	DESTROY after three (3) years.
19	90-75	COST PROFILES Received annually, these are sent by the rate setting contractor. Profiles are based on the rate effective dates. Copies only are received by this division with the original records retained by the long term care provider.	DESTROY after two (2) years.
20	90-76	LONG TERM CARE INFORMATION SYSTEM Aggregate cost analysis of nursing homes in Indiana. Updated quarterly by the rate setting contractor, pursuant to their contract. Statistical data is both long-term care provider specific and aggregate in nature, and may include total revenues, expenses, staffing costs, hours, recap of patient expenses and extensive other fiscal information. Retention based on IC 34-13-1-1.	TRANSFER to the RECORDS CENTER three (3) years after the contract expiration. DESTROY after an additional seven (7) years in the RECORDS CENTER.
21	2017-07	ESTATE RECOVERY FILES Upon a Medicaid beneficiary's decease, the state is required to seek recovery of certain Medicaid benefits from their estate, and may optionally seek recovery for others. Files include correspondence, billing, copies of checks, and other supporting documents. Disclosure of these records may be affected by IC 12-15-27-1. Retention based on IC 34-13-1-1.	TRANSFER to the RECORDS CENTER after the end of one (1) state fiscal year, and after receipt of STATE BOARD OF ACCOUNTS Audit Report and satisfaction of unsettled charges. DESTROY in the RECORDS CENTER after an additional ten (10) years, unless litigation or a federal audit is in progress.